

Amendments to the Claims

This listing of claims will replace all prior versions and listings of claims in the application.

Listing of Claims

1. (Previously presented) A method for repairing a vaginal wall which has been damaged by one or more prolapsed pelvic organs, said method including:

(a) mobilizing the vaginal epithelium off the underlying fascia of at least a portion of the damaged vaginal wall;

(b) positioning a reinforcing material over the exposed fascia;

(c) re-fixing the vaginal epithelium over the reinforcing material and the fascia; and thereafter

(d) locating an intra-vaginal splint into the vagina such that the splint supports the vaginal wall and prevents substantial movement and displacement of the reinforcing material while the re-fixed vaginal epithelium heals.

2. (Previously presented) A method as claimed in claim 1, wherein the vaginal wall being repaired is the anterior vaginal wall and the vaginal epithelium is mobilised off the underlying fascia by incision and lateral dissection through the arcus tendineous fascia pelvie and continued towards the sacrospinous ligaments on both sides.

3. (Previously presented) A method as claimed in claim 1, wherein the vaginal wall being repaired is the anterior vaginal wall and the vaginal epithelium is mobilised off the underlying fascia by incision and lateral dissection through the arcus tendineous fascia pelvie and into the paravaginal space on each side of the anterior vaginal wall.

4. (Previously presented) A method as claimed in claim 3, wherein the reinforcing material is a synthetic mesh having laterally extending arms on both sides and the mesh is positioned over the exposed fascia of the anterior vaginal wall with each lateral arm of the mesh placed into tunnels extending from the anterior vaginal wall dissection into the paravaginal spaces.

5. (Previously presented) A method as claimed in claim 1, wherein the vaginal wall being repaired is the posterior wall of the vagina and the vaginal epithelium is mobilised off the underlying fascia by incision and dissection laterally to the levator ani muscles on each side and in the upper part of the vagina in a lateral and cranial direction through the rectal pillars on both sides towards the sacrospinous ligaments on each side of the vaginal wall.

6. (Previously presented) A method as claimed in claim 5, wherein the reinforcing material is a synthetic mesh having upwardly extending arms and the synthetic mesh is positioned over the exposed fascia of the posterior vaginal wall with each upwardly extending arm of the synthetic mesh being placed into the tunnel extending from the posterior vaginal wall dissection to the respective sacrospinous ligament.

7. (Previously presented) A method as claimed in any one of the previous claims, wherein the reinforcing material once positioned over the exposed fascia of the vaginal wall being repaired is thereafter attached to the underlying fascia by sutures.

8. (Previously presented) A method as claimed in claim 1, wherein the fascia of the damaged vaginal wall is plicated after the vaginal epithelium has been mobilized but prior to the positioning of the reinforcing material over the exposed fascia.

9. (Previously presented) A method as claimed in claim 1, wherein the intra-vaginal splint once located within the vagina is attached to the adjacent vaginal epithelium by sutures.

10. (Previously presented) A method as claimed in claim 1, wherein the intra-vaginal splint remains located within the vagina for a period of at least three weeks following location within the vagina.

11. (Previously presented) A method as claimed in claim 10, wherein the intra-vaginal splint remains located within the vagina for a period of between 4 to 6 weeks following location within the vagina.

12. (Previously presented) A method for repairing the anterior and posterior vaginal walls of the vagina damaged by one or more prolapsed pelvic organs, said method including:

(a) mobilizing the vaginal epithelium off the underlying fascia of at least a portion of the anterior vaginal wall;

(b) positioning a first reinforcing material over the exposed fascia of the anterior vaginal wall;

(c) re-fixing the vaginal epithelium over the first reinforcing material and the fascia of the anterior vaginal wall;

(d) mobilizing the vaginal epithelium off the underlying fascia of at least a portion of the posterior vaginal wall;

(e) positioning a second reinforcing material over the exposed fascia of the posterior vaginal wall;

(f) re-fixing the vaginal epithelium over the second reinforcing material and the fascia of the posterior vaginal wall; and thereafter

(g) locating an intra-vaginal splint into the vagina such that the splint supports the anterior and posterior vaginal walls and prevents substantial movement and displacement of the reinforcing material while the re-fixed vaginal epithelium heals.

13. (Previously presented) A method as claimed in claim 12, wherein the intra-vaginal splint is attached to the adjacent vaginal epithelium by sutures.

14. (Previously presented) A method as claimed in either one of claims 12 or 13, wherein the intra-vaginal splint remains located within the vagina for a period of at least three weeks following location within the vagina.

15. (Previously presented) A method as claimed in claim 14, wherein the intra-vaginal splint remains located within the vagina for a period of between 4 to 6 weeks following location within the vagina.

16-32. (Cancelled)

33. (Withdrawn) A method as claimed in claim 1 wherein the prosthetic material is a flexible synthetic mesh including a plurality of open pores bounded by strands made of non-woven polymeric material, wherein the junctions between the respective strands are without open interstices and wherein a majority of the open pores of the mesh have an area of less than 15 mm².

34. (Previously presented) A method as claimed in claim 1, wherein the intra-vaginal splint includes two longitudinally extending side arms both having first and second ends, said side arms being connected at their respective first ends by a first connecting member and at their respective second ends by a second connecting member so as to define an interior area, and wherein said first and second connecting members are of different lengths.

35-42. (Cancelled)

43. (Previously presented) A method as claimed in claim 34, wherein the intra-vaginal splint is substantially trapezium shaped.

44. (Previously presented) A method as claimed in claim 34, wherein at least part of the interior area is closed by a membrane.

45. (Withdrawn) A method as claimed in claim 44, wherein the membrane is twin walled and is inflatable.

46. (Previously presented) A method as claimed in claim 34, wherein respective portions of each of the longitudinally extending side arms proximate the first connecting member are disposed in a first plane and other respective portions of each of the longitudinally extending side arms are disposed in a second plane which is at an angle to the first plane.

47. (Previously presented) A method as claimed in claim 46, wherein the angle between the first and second planes is in the range from about 8 to about 15 degrees.

48. (Previously presented) A method as claimed in claim 47, wherein the angle between the first and second planes is about 10 degrees.

49. (New) A method as claimed in claim 34, wherein the intra-vaginal splint is made from a flexible medical grade silicone.